

keyfacts®

This document is a guide to the cover provided by Santé by Groupama Healthcare. It is only a summary of the cover and does not contain full details of the insurance policy terms, conditions and exclusions. Full details are given in the policy booklet. We will send a policy booklet to the group secretary at the start of the group scheme. You can get a copy from our website at www.groupamahealthcare.co.uk or by phoning our membership helpline on 0333 633 9002.

This insurance is underwritten by: Groupama Insurance Company Limited.
Type of insurance: Group private medical insurance (PMI).
Period of insurance: The policy will last for one year and can be renewed every 12 months.

Santé is a private medical insurance plan that covers the cost of private medical treatment needed as a result of an unexpected acute illness or injury. The terms, conditions and exclusions contained in the policy booklet apply to the cover.

The benefits in section 1 provide basic medical insurance with cover for inpatient and outpatient treatment, home nursing, private ambulance, a cash benefit for NHS care and access to an advice and information helpline. All group schemes must contain section 1 benefits as a minimum level of cover.

Santé also offers two optional benefit packages (section 2 and section 3) and a range of medical and non-medical add-ons. There is also a choice of two hospital bands (London and Provincial) and a range of excess and co-insurance options.

Summary of benefits – private medical insurance

Section 1	Limits	Significant exclusions or limitations
Benefit A – specialist fees	Full refund	Fees must be in line with our schedule of procedures.
Benefit B – hospital charges	Full refund	When using a hospital shown on our hospital list.
Benefit C – outpatient treatment a GP has referred you to	Up to £750	Cover for specific treatments shown in the member's guide.
Benefit D – outpatient treatment a specialist has referred you to	Full refund	When using a hospital shown on our hospital list within the chosen level of cover, the specialist's own consulting rooms or another facility approved by us.
Benefit E – home nursing	Full refund for up to 13 weeks	Under the supervision of a specialist.
Benefit F – private ambulance	Full refund	Only covered when necessary for medical reasons.
Benefit G – NHS cash benefit	£150 for each night (unlimited nights)	Only when treatment is received in an NHS hospital as an NHS patient.
Advice and counselling helpline	Unlimited	Helpline available from 8am to 8pm.

Section 2	Limits	Significant exclusions or limitations
Benefit H – psychiatric treatment • outpatient treatment • inpatient and daypatient treatment	Up to £1,000 Up to 28 days	There is no cover for psychiatric treatment related to alcohol, solvent or drug abuse, addictions or eating disorders.
Benefit I – maternity treatment	As for benefits A to F	Cover for specific conditions shown in the member's guide.
Benefit J – oral-surgical treatment	As for benefits A to F	Cover for specific conditions shown in the member's guide.
Benefit K – accidental dental injury	Up to £10,000	Cover for specific treatments with individual limits.

Section 3	Limits	Significant exclusions or limitations
Benefit L – NHS cash benefit (extended)	£300 for each night (unlimited nights)	Cannot also claim under benefit G.
Benefit M – maternity cash benefit	£250 for each child	Covered only after being insured for at least 10 months.
Benefit N – specialist monitoring of a chronic condition	Up to £150	
Benefit O – GP charges • Consultations and minor surgery • Filling in claim forms and medical reports	Up to £150 £25 for each item	

The benefits provided under sections 1, 2 and 3 come as complete sets of benefits and you cannot choose individual benefits from each section.

The benefits provided under the medical add-ons (benefits P and Q) and non-medical add-ons (benefits R, S and T) are separate and you can choose any of them.

Medical add-ons	Limits	Significant exclusions or limitations
Benefit P – routine dental charges	Up to £1,000	Fees reimbursed at 75%. Specific treatments have individual limits listed in the member's guide.
Benefit Q – routine optical charges	Up to £250	Fees reimbursed at 75%.

Non-medical add-ons	Limits	Significant exclusions or limitations
Benefit R – employee assistance programme (EAP) <ul style="list-style-type: none"> • Face-to-face counselling (Confidante) • Face-to-face counselling (Confidante Plus) 	Four sessions Six sessions	Helpline available 24 hours a day. Face to face counselling only available following referral by the telephone counsellor.
Benefit S – international business travel	As set out in the member's guide	Cover for employees only when travelling outside the UK for business purposes on behalf of the company.
Benefit T – CityGP	Full refund	Access to London GP clinics listed in the member's guide for the employee only.

Important notes

- For more information on the benefits provided by Santé, please see part 6 of the member's guide.
- For a full explanation of cover, you must read the member's guide, hospital list and policy booklet.
- Unless the members guide says otherwise, all benefit limits apply to each insured person in each period of insurance.

Santé Travel

Santé Travel gives an option to upgrade the international business travel cover to include leisure trips and winter sports. Cover can also be extended to include dependants if they are covered under the medical insurance policy. You can get more information on the cover provided by Santé Travel, including a copy of the full policy document, from our website at www.groupamahealthcare.co.uk.

Summary of the policy exclusions (things that are not covered)

The policy exclusions are shown below. A full list of all policy exclusions is given in part 6 of the policy booklet.

AIDS and HIV	HRT and bone densitometry scans
Alcohol abuse, substance abuse and addiction	Pre-existing conditions and related conditions
Allergies	Pregnancy and childbirth (except under benefit I)
Behavioural and developmental problems and learning difficulties	Preventative treatment
Birth control, conception, sexual problems and sex change	Psychiatric treatment
Chronic conditions	Puberty and menopause
Cosmetic, reconstructive or weight-loss surgery	Rehabilitation, convalescence and general nursing care
Deafness	Screening and preventative measures
Dental treatment (except under benefits J, K and P)	Self-inflicted illness or injury
Dialysis	Sleep problems and disorders
Drugs, dressings and equipment taken home	Transplants and transplantation surgery
Eating disorders	Treatment overseas
Experimental and unlicensed drugs and treatment	Unqualified and unrecognised specialists
Eyesight and problems with vision	War, radioactive contamination and natural disasters

Cancellation

If the group secretary decides that the scheme does not meet the company's needs, they can cancel the group scheme up to 14 days after cover starts. If the group scheme is cancelled during this time, all documents must be returned to us. If no claim has been made, we will refund any premiums the company has paid.

Making a claim

Anyone wishing to make a claim must call our claims helpline on 0333 633 9001 before arranging treatment. Our helpline is available between 8am and 6pm Monday to Friday (except bank holidays). Calls to 03 numbers will cost no more than the cost of a call to an 01 or 02 number in the UK. Calls may be recorded and may be monitored.

How to complain

We are committed to treating our customers fairly. However, we realise that there may be times when things go wrong. If this happens, please use the most suitable contact from the following list:

For complaints about claims, please phone **0333 633 9001** or email healthclaims@groupama.co.uk.

For complaints about policy administration and documents, please phone **0333 633 9002** or email healthmembers@groupama.co.uk.

If you are not happy with our final decision, you may be able to pass your complaint to the Financial Ombudsman Service. For more information on our customer-care policy, please see part 11 of the policy booklet.

Financial Services Compensation Scheme

Groupama Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). If we fail to carry out our responsibilities under this policy, you may be entitled to compensation from the FSCS. Information about the scheme is available at www.fscs.org.uk or by phone on **020 7892 7300**.